

UNITED STATES DISTRICT COURT

for the

Southern District of New YorkW.S. DivisionLafvonne Levi Bennett

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

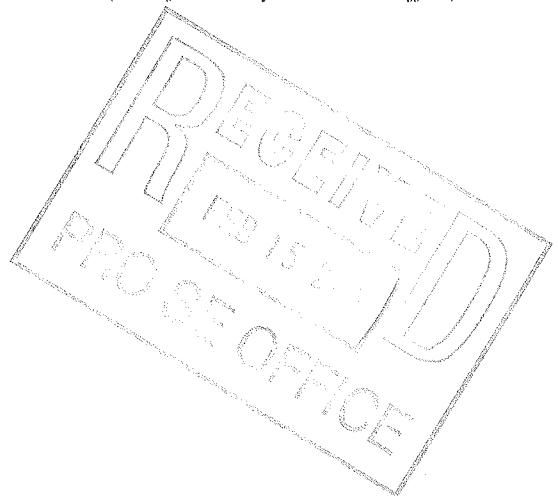
State of N.Y. - OMH County of Ossining
Co A. Thomas / Co K Edwards / Co M Banks

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)



COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

c/c

I. The Parties to This Complaint**A. The Plaintiff(s) *Lafvorne Levi Barnett***

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name *Lafvorne Levi Barnett*

All other names by which you have been known: *Bigz, Big-E, Bige Bigz, G-Spot*

ID Number *20B0439*

Current Institution *five points Correctional Facility*

Address *State Route 96 P.O. Box 119*

Romulus

City

N.Y.

State

14541

Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1 *State of New York*

Name *John Dow, Jain Dow*

Job or Title (*if known*) *State officers and officials*

Shield Number *NA*

Employer *State of New York*

Address

N/A

City

N.Y.

State

N/A

Zip Code

Individual capacity

Official capacity

Defendant No. 2

County of Ossining

Name *NA*

Job or Title (*if known*) *NA*

Shield Number *NA*

Employer *City of N.Y.*

Address *NA*

Ossining

City

N.Y.

State

Zip Code

Individual capacity

Official capacity

C/C

Defendant No. 3

Name Co A Thomas

Job or Title (if known) CO,

Shield Number N/A

Employer State of New York

Address Sing Sing C.F. 354 Hunter St. PO Box 442

~~Ossining~~N.Y.
City State10562-5442
Zip Code Individual capacity Official capacity

Defendant No. 4

Name Co M. Banks

Job or Title (if known) CO.

Shield Number N/A

Employer State of New York

Address Sing Sing C.F. 354 Hunter St. PO Box 442

~~Ossining~~N.Y.
City State10562-5442
Zip Code Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

- A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)

State or local officials (a § 1983 claim)

- B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th Amendment rights / 4th Amendment rights
4th Amendment rights

- C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

C/K

N/A

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

On 12/19/23 i lafvrone Levi Barnett
 Q2B0439 and for Co A. Thomas he sexually violated me by cutting my private
 and for excessive use of force And for CO K Edwards, Co A. Thomas, Co M. Banks
 iam Soowing Harm for Excessive use of force and for Violating my 8th Amendment and my
 5th Amendment and my 4th Amendment rights

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (explain)

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

On 12/20/23 after i was assalfted By CO A. Thomas, CO K Edwards,
 and Co M. Banks On 12/20/23 i was taken to Westchester medical center for my Injuries
 and when i was ~~on~~ down at the Center i was pushed out on a gurney and assalfted by more co's
 Jane Doe and when Doe's. i was punched and Draged into a Van and throwen in the Van

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

On 12/21/23 i lafvrone Levi Barnett Q2B0439 i got to five points C.F. and i dropped
 a sick call for my lose teeth and for my head Being open up But no
 cancer Back for 4 weeks and i have teeth in my lip and broken teeth
 in my mouth and open wouds in my head that is not Being treated at all
 and i seen N.P. Fisher But nothing yet at five points C.F. C/C

C. What date and approximate time did the events giving rise to your claim(s) occur?

12/21/23 5:00 pm at five points C.F.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

I was sexually violated By Co A thomas he grabbed my privet and Co K. Edwards was punching me in the face and so was Co A. thomas and Co M. Banks hit me with a stick in my mouth Knocking my teeth out one on the top of my mouth and Several at the bottom of my mouth and he Did this three times and he also Bust my head open 3 times But he hit me 3

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

on 12/19/23 Co M Banks knocked

out one tooth on the top and several on the bottom of my mouth and also my head was bust open in two spots But i was hit in the head 3 times So i went to Westchester medical Center and the Doctor told me i need surgery on my head so i said no So they clean me up and Did x rays and a Cat Scan and that was it.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

for the State of New York 900,500,000.00 for punitive Damages to my teeth and to my head, and for the Superintendent / Deputy staff 12,500.00 as one and seprelly. and As for Co A. thomas, Co K Edwards, Co M. Banks i am Soowing them as one and seprelly for 2,675.00 and as for Mental health i am Soowing them for 500.00 each as one and seprelly and as for the County of Ossining i am Soowing for 12,500.00 as one and seprelly.

C/C

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

*Sing Sing C.F. five points C.F. and
Westchester Medical Center.*

- B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

- C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)? *Excessive force sexual Assalt and
Medical Malfpratice.*

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

N/A

E. If you did file a grievance:

1. Where did you file the grievance?

five points C.F.

2. What did you claim in your grievance? Excessive use of force
Sexual Asslt. Medical MAn & practice.

3. What was the result, if any? None yet

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

i went to the Superintendent that is the farthest i got
i was being threatened by CO'S and Sgt. Domont if i go
there i will not make it home on my Date with this
6/17/24

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

none

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

and preah and i went to the superintendant with my grievance because i fear for my life and i have kids to look after

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

i coverd every thing

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes
 No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s)

N/A
N/A

Defendant(s)

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition. None

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

No

Yes
 No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s)

N/A

Defendant(s)

N/A

2. Court (*if federal court, name the district; if state court, name the county and State*)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes
 No

If no, give the approximate date of disposition

N/A

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)

None

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

1/26/24

Signature of Plaintiff



Printed Name of Plaintiff

LaFwanne Levi Barnett

Prison Identification #

21B0489

Prison Address

Five points correctional Facility State Route 96 Po Box 119
Romulus NY 14541

City

State

Zip Code

B. For Attorneys

Date of signing:

1/26/24

Signature of Attorney



Printed Name of Attorney

None

Bar Number

None

Name of Law Firm

Five points c.F State Route 96 Po Box 119

Address

Romulus

City

NY

State

14541

Zip Code

Telephone Number

Big_La_1234@hotmail.com

E-mail Address

FIVE POINTS CORRECTIONAL FACILITY

STATE ROUTE 96, P.O. BOX 119
ROMULUS, NEW YORK 14541

NAME: John Burnett

DIN: 2000439

POSTAGE \$001.03

Five Points

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01/29/2024

Michael J. Fitzpatrick
US Probation Office

Southern District of New York
Daniel Patrick Moynihan US Courthouse
500 Pearl St, N.Y.C 10007-4318

Correctional Facility

ZIP 14541
04/16/12/2007

Legal Mail